

Job Opportunity Bulletin

Post Date: APRIL 9, 2015

ASSOCIATE GOVERNMENT PROGRAM ANALYST

Salary Range: \$4,488 - \$5,618
Permanent, Full Time
FINAL FILING DATE: 4/30/15

JOIN THE DDS TEAM!

For information about the
DEPARTMENT OF
DEVELOPMENTAL SERVICES
Please visit our website at
www.dds.ca.gov

Please refer to:

Position # 473-171-5393-014

Mail your application to:

Dept. of Developmental Services
1600 Ninth Street, MS-Q
Sacramento, CA 95814
Attention: Linda Newson

All applications will be screened
and only the most qualified will be
interviewed.

CONTACT INFORMATION

Name: Linda Newson

Number: (916) 322-9018

Email:
linda.newson@dds.ca.gov

The Department of Developmental Services' (DDS) Client Financial Services Section, Medicare Unit is currently seeking an Associate Governmental Program Analyst (AGPA). If you are analytical, organized, and enjoy researching for answers to technical questions, we have an opportunity for you!

The AGPA will research issues related to Medicare program eligibility and claiming, provide program guidance, assist in working the most difficult claims, and work with the DDS billing systems. The AGPA resolves the more difficult and complex Medicare rejection or denial issues including the follow up on aged accounts. The AGPA will act as lead in conducting on-site Medicare Fee for service compliance reviews to ensure federal regulations are being met.

For complete duties, please see the duty statement below.

Desired Knowledge and Abilities:

- * Knowledge of Medicare program.
- * Knowledge of Accounting and auditing principles and procedures.
- * Strong analytical and organizational skills.
- * Ability to communicate effectively verbally and in writing.
- * Advanced Microsoft Excel skills.
- * Must be reliable and dependable.

If you are ready to be a part of our DDS team, please submit an original signed state application (STD. 678) and a resume by the final filing date. **All applicants will be considered however, SROA/Surplus will be given priority.** Please include the basis of your eligibility (list eligibility and/or lateral transfers must meet the minimum qualifications of this classification) and the position # 473-171-5393-014 on your application. Minimum qualifications (MQ's) will be verified prior to interview and/or appointment. If it is determined an applicant does not meet the MQ's of the classification, the applicant will not be considered and may be withheld from the eligible list.



DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 9th Street, MS-Q

Sacramento, CA 95814

"Building Partnerships, Supporting Choices"

**DEPARTMENT OF DEVELOPMENTAL SERVICES
ADMINISTRATION DIVISION
CLIENT FINANCIAL SERVICES**

DUTY STATEMENT

JOB TITLE: Associate Governmental Program Analyst **POSITION #:** 473-171-5393-014

GENERAL STATEMENT OF DUTIES: Researches Medicare program issues related to eligibility or claiming for services as they arise or as a result of Medicare program report monitoring, inquiries, updates, bulletins, lawsuits, and changes to law or regulation; works with the manager, facility staff, Medicare billing staff and utilizes multiple computer systems to resolve issues and implement changes to maximize federal Medicare revenue; evaluates Medicare claim billing processes and proposes best practices and procedures; assists in claims billing as required with a focus on the more difficult or complex claims; provides training; develops and/or revises training manuals and material; completes reports; completes purchases of licenses and reference materials; coordinates with staff from the developmental centers, state-operated community facilities, state-operated community clinics, the Department of State Hospitals, and headquarters Information Services Division (ISD) in continuous improvement of the billing processes for Medicare.

Leads the Department's Medicare Fee-for-Service compliance reviews held at the facilities. This includes preparing for, conducting, analyzing, writing and issuing findings.

Researches and resolves issues related to maintaining the integrity of production data that is transmitted from the facilities and the regional centers to the Cost Recovery System (CRS) and the HIPAA compliance contractor (DSG). Leads the work in identifying, analyzing, and correcting errors that have occurred during processing that prevented the posting of admissions, service charges and diagnosis, movement and ward change transactions, receivables, and checks/payments. Assists in reconciling CRS total postings to cash collections reported by the Accounting Unit and the creation and maintenance of the fiscal year revenue reports.

Maintains security and confidentiality of information and documents in accordance with the Health Information Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, and various sections of 42 United States Code, and the Code of Federal Regulations.

SUPERVISION RECEIVED: Reports directly to the Staff Services Manager I, Medicare/Quality Control/Conservatorship Units.

SUPERVISION EXERCISED: None.

TYPICAL PHYSICAL DEMANDS: Continuous use of on-line computer terminal (or laptop); use of printed or written reports, reference material, and files; up to 15 percent travel as required, mainly to facilities; ability to work flexible and extended hours as required.

TYPICAL WORKING CONDITIONS: Open-partitioned office in a smoke-free environment; use of fragrances and fragrance enhanced products is strongly discouraged for the health and comfort of individuals with chemical sensitivities; continuous use of a computer; detailed

use of printed reports and other materials; creation and use of detailed documents and spreadsheets; changing and multiple priorities.

EXAMPLES OF DUTIES:

- 45% Research Medicare program issues related to beneficiary, provider, or service eligibility and claiming utilizing Medicare, fiscal intermediary, other stakeholder information, manuals, bulletins, federal laws, regulations and the internet. Present findings and change proposals for implementation. Provide guidance and training as needed to facilities and billing staff. Participate in monthly Medicare Compliance teleconferences. Coordinate with staff from the developmental centers, state-operated community facilities, and the Department of State Hospitals' state mental hospitals (facilities), headquarters Information Services Division (ISD), and the HIPAA compliance contractor in continuous improvement of the billing processes for Medicare.
- 20 % Work to resolve the more difficult and complex Medicare claims including rejection or denial issues. Actively monitor reports on the Medicare program for issues and resolve them to assure maximum revenue. Follow up on aged accounts to determine why accounts have not yet been billed or paid by the fiscal intermediary. Contact fiscal intermediaries regarding questionable, outstanding or incorrect payments. File appeals and prepare issue papers when more in-depth information is required. Forward and monitor specific Medicare contractor pre and post payment claims reviews. Evaluate and prepare analysis of data for supervisors and managers. Understand the Medicare claims billing processes and interaction of the various information technology systems to propose best practices, procedures, and process improvements. Develop and/or revise training manuals and material.
- 20% Participate as the lead team member in conducting on-site Medicare Fee for Service compliance reviews at the facilities to assure federal regulations are being met by reviewing physician progress notes for client encounters and comparing them to the claims created. Prepare compliance reports including applicable findings and recommendations for corrective action. Process various user licensing requests and reference material purchases.
- 10% Review and resolve the more complex issues with the CRS patient and client accounts appearing on various error reports. Inputs appropriate online transactions in order to correct the error(s). Post the transactions or refer back to Information Services CRS Support for mass correction posting, and posting memos to the accounts detailing the actions taken and the reasons for them. Interact with various HQ staff and facilities medical records and trust office staff, community clinic staff, and Information Services Division staff. Admit new patients to community clinics based on documentation received from the clinic staff. This process establishes accounts in CRS to allow the system to post charges, establish billing, claims, and receivables. Maintain and process requests for CPT codes and charging or billing information in the CRS system.
- 5% Reconcile CRS postings to accounting's cash collections. This includes verifying cash postings to CRS to ensure there is a match to the cash received by the accounting unit. Resolve differences where checks are deposited in months other than the month the payments are posted to CRS and to where checks are deposited to facilities other

than the one the patient is residing in. After completing the verification, prepare by inputting corrected data into a spreadsheet, the monthly revenue reports and distribute them.

Note: May be assigned other duties as directed by the supervisor depending on section needs and workflow commensurate with classification such as but not limited to private pay billing and collection, and program research, account reviews, and audits.

KNOWLEDGE, SKILLS AND ABILITIES:

- Knowledge of the Medicare program.
- Knowledge of accounting and auditing principles and procedures.
- Knowledge of insurance billing processes and procedures.
- Skill and ability to thoroughly research issues, analyze data or situations, apply laws, regulations, policies, and procedures to draw well developed and sound conclusions.
- Skill and ability to establish and maintain collaborative and cooperative working relationships with professional and management staff that enhances a positive response from all levels of staff at the facilities, headquarters, and with other stakeholders.
- Skill and ability to communicate detailed and technical information effectively, both verbally and in writing including writing in a clear and professional manner using proficient writing skills.
- Skill and ability to work with numbers and understand the logical sequences of an automated posting/billing/payment accounting system.
- Skill and ability to develop and implement effective training.
- Skill and ability demonstrating proficiency in spreadsheet and document software use including Excel, and Word.
- Skill and ability to quickly handle changes in priorities and maintain an organized workload.

Employee Name
(Print)

Employee Signature

Date

Supervisor Name
(Print)

Supervisor Signature

Date

Employee and Supervisor acknowledge that by signing this Duty Statement that they have discussed and agree to the expectations of the position.